

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/833,528
Filing Date	April 11, 2001
First Named Inventor	Jing Jiang
Group Art Unit	2663
Examiner Name	Feben Haile
Attorney Docket Number	21660-05933

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

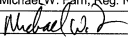
The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Blakely Sokoloff Taylor & Zafman LLP				
Address	Attn: Lester J. Vincent				
Address	1279 Oakmead Parkway				
City	Sunnyvale	State	CA	Zip	94085-4040
Country	US				
Telephone	(408) 720-8300	Fax	(408) 720-8383		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 0758
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name	Michael W. Farn, Reg. No. 41,015
Signature	
Date	January 12, 2008

*NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.*